**Treatments for Clinical Depression:**

**Frontal Lobotomy**

– not recommended any longer (Walter Freemen) – conducted during a time when there were no effective treatments. Brain surgery which disconnected one part of the brain from another in order to stop transmission of “faulty” information.

**ECT – electroconvulsive therapy**

– electricity is passed through the brain in an attempt to open neural pathways. – still used, although infrequently. Often a last resort when medication and talk therapy have proven ineffective.

**Cognitive Behavioral Therapy: talk therapy**

-- based on the idea that our *thoughts (*not external things, like people, situations, and events) cause our feelings and behaviors.

* **Identify troubling situations or conditions in your life.**
* **Become aware of your thoughts, emotions and beliefs about these situations or conditions.**
* **Identify negative or inaccurate thinking.**
* **Challenge negative or inaccurate thinking.**

**Medication:**

**Tricyclic antidepressants (TCAs)** are some of the first antidepressants used to treat depression. They primarily affect the levels of two chemical messengers (neurotransmitters), norepinephrine and serotonin, in the brain. Although these drugs are effective in treating depression, they have more side effects, so they usually aren't the first drugs used.

**Monoamine oxidase inhibitors (MAOIs)** are another early form of antidepressant. These drugs are most effective in people with depression who do not respond to other treatments. They are also effective for other mental illnesses. Substances in certain foods, like cheese, beverages like wine, and medications can interact with an MAOI, so these people taking this medication must adhere to strict dietary restrictions (see below). For this reason these antidepressants also aren't usually the first drugs used.

**Selective serotonin reuptake inhibitors (SSRIs)** are a newer form of antidepressant. These drugs work by altering the amount of serotonin in the brain.